



Survey Survival: How to Be Prepared for Any Survey

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Table of Contents

Introduction.....	2
The Foundation.....	3
The Survey Tasks.....	4
Task 1: Presurvey Preparation.....	4
Task 2: The Entrance Interview.....	5
Task 3: Information Gathering.....	7
Task 4: Information Analysis.....	10
Task 5: Exit Conference.....	10
Task 6: Statement of Deficiencies.....	10
Conclusion: The Paradigm Shift.....	11
Learn How MedBridge Can Help.....	12
About the Author.....	13

Introduction

We all dread finding out that the surveyor is about to arrive or is already in our building! Surveys so often feel like having to take a test one is unprepared for. The requirements are complex and, unless followed correctly, can result in multiple deficiencies, Condition of Participation violations, and hefty fines. Obtaining accurate information from governmental sources can at times be overwhelming and confusing.

But with the right preparation, survey becomes a much less stressful process. Preparation should start long before an organization is in its survey window, when its license or certification is about to expire and the survey is due.

This white paper will help healthcare organizations establish a foundation for survey readiness as well as perpetual compliance. You'll learn practical guidance for expediting any survey or government inspection, including how to integrate survey processes into daily operations to improve compliance, elevate patient care, and avoid those dreaded deficiencies—so that you can respond confidently when the surveyor arrives.

The Foundation

Nobody wants to be blindsided by a surveyor unexpectedly discovering serious issues. So how do you avoid that? The most important thing is to be clear on which regulations apply to one's organization and programs, be thoroughly familiar with them, and have them readily accessible.

Let's start with the requirements and various levels of the home health or hospice program. The basic programs are as follows:

State Licensure

Most states require licensure by the state in order to provide services to patients. Be sure to have the most current state regulations readily available.

Medicaid

Medicaid programs are typically funded by the state with additional federal funds. There may be multiple types of Medicaid programs in a state and these programs may vary from state to state. Each program often has its own requirements, and it is important to know them well any time government funds are received.

Medicare Certification

The Medicare Regulations and Conditions of Participation (CoPs) must be adhered to in order to receive payment from Medicare for patient care.

Accreditation

If your agency is accredited, learn the standards of that organization and have them available for all staff to implement.



Helpful Resources

Books

[Survivor! Ten Practical Steps to Survey Survival](#), by Nancy E. Allen BSN, RNC, CMC (Rev 2021)

[Handbook of Home Health Standards: Quality, Documentation and Reimbursement](#), by Tina M. Marrelli, MSN, MA, RN, FAAN with Nancy E. Allen, BSN, RNC, CMC

Articles by Nancy E. Allen, BSN, RNC, CMC

[Survey Survival: What's a QAPI?](#)

[Survey Preparedness in the Age of COVID-19](#)

[Surviving Your Next Survey: The 6 Survey Tasks](#)

CMS Guidance

[State Operations Manual Appendix B—Guidance to Surveyors: Home Health Agencies](#) (Rev. 200, 02-21-20)

[State Operations Manual Appendix M—Guidance to Surveyors: Hospice](#) (Rev. 200, 02-21-20)

Related MedBridge Resources

[Your QAPI Roadmap: Getting from QA to PI](#)

[Quality Improvement in Home Health: How to Create a Feedback Loop for Success](#)

The Survey Tasks

All surveys have similar tasks that a surveyor must implement. What is that surveyor looking for? What are they thinking?

Understanding what to expect before, during, and after the survey helps remove the mystery of going through a survey, decreases fear, and promotes optimal performance. Just as one can't expect to do well on a final semester exam after waiting until the last minute to cram, so it is with a survey. Avoiding the disconnects between daily operations and what is required in a survey is the best way to always be prepared.

Following are the survey tasks that most healthcare organizations will encounter. This information has been generalized to apply to any home health agency or hospice, whether licensed or Medicare-certified; however, the survey tasks are the same across most healthcare organizations. The survey will be individualized for the type of organization and its regulations, but the core principles of surveys are similar.

Task 1: Presurvey Preparation

In Task 1, the surveyor gathers information before ever arriving at the location. The items reviewed may include previous surveys, any complaints or other investigations, iQIES reports, and the structure of the organization.

Ensure the organizational chart and other information matches what has been reported to the state and federal government. If not, part of the survey will include clarifying why this information is not accurate. This unnecessarily takes time from the survey. The more your organization can demonstrate accurate knowledge and systems for compliance, the better.

THE SURVEY TASKS

- 1 Presurvey Preparation**
- 2 Entrance Interview**
- 3 Information Gathering**
- 4 Information Analysis**
- 5 Exit Conference**
- 6 Statement of Deficiencies**

Task 2: The Entrance Interview

Task 2 is where the tone for the survey is set. The surveyor(s) will provide information about the survey, request needed information, and discuss the purpose, length, and structure of the survey. The questions and information requested by the surveyor should be a part of daily operations of the organization and available in a timely manner.

The Entrance Interview also allows staff to demonstrate their preparedness for the survey by readily providing requested information. Note that regulations require the administrator, clinical manager/director of nursing, or their alternates to be available at all times in an organization that is responsible for patient care. Have a designated chain of command ready to start a survey so there is no need for a surveyor to wait to start a survey because of missing information.

Preparing Commonly Requested Information

Compiling organizational, employee, and patient information in one place so the survey can start immediately is a good way to show that your organization is knowledgeable and organized, whether you use a physical binder or house your documents electronically.

If your organization receives notice that a survey will take place that day, bring the information listed below to the Entrance Interview. Usually after the surveyor has presented their information, your organization will be able to walk through that information.

Having needed information available beforehand will help you feel more relaxed and make a better impression during the survey.



Compile at minimum the following information:

- **An organizational chart and/or a list of the names and titles of key staff.** The key positions should correspond to the organizational chart and include patients in the diagram.
- **The number of unduplicated skilled admissions in the last 12 months along with an indication of which patient services are paid for by Medicare and/or Medicaid when applicable.** The number of unduplicated admissions will determine the survey scope of work. Having this information available will expedite the survey as the surveyor will know how many patient records must be reviewed and how many home visits must be completed.
- **An active patient list with names, start of care dates, diagnoses and discipline(s) seeing the patient.** Include payer source if possible. Consider providing the list of patients by zip code, indicating the approximate travel time from the office. This can be helpful to the surveyor in selecting the home visits that will need to be performed.
- **The key positions and liaisons who will be managing the survey.** As a courtesy, provide contacts for the designated liaison(s).
- **Information to help facilitate home visits, including:**
 - The home visit schedules for patients who will be seen during the duration of the survey
 - All patient care staff by hire date and discipline, including whether they are employees or contractors. Note that home visits are often the most difficult task to arrange as there are many moving parts to coordinate. Permission must be received from the patient or their representative. Then the visit must be arranged at minimum with the patient, clinician, and the surveyor.
- **A list of employees who are vaccinated and who are not, and responses to any exemptions.**
- **Business documents/bylaws**
- **Budget/capital expenditures that cover three years**
- **Documentation of the administrator and alternate administrator, RN, and alternate designation**
- **Employee handbook and orientation**
- **Patient admission packet**

Other documents that organizations might find helpful to compile for the Entrance Interview include: zoning permit, agency state license, certification, accreditation certificate, permits/the Clinical Laboratory Improvement Amendments (CLIA) waiver certificate, biohazardous waste contract as applicable, contracts, marketing materials, and previous surveys.



Key Tip for the Entrance Interview:

Remember that most questions asked by the surveyor are linked to a regulation(s). Producing the required information readily demonstrates compliance to the regulations.

Task 3: Information Gathering

Task 3 is the most time-consuming part of the survey. Information will be gathered from observation, documentation, and interviews with staff and patients or their representatives.

Observation

At minimum, the following will be observed. Start with the outside of the building, and remember that your organization is creating an overall impression as well as demonstrating adherence to the requirements. Consider creating a checklist based on the organization's survey requirements and perform periodic inspections.

Interviews

Most questions asked by the surveyor are linked directly to a regulation or standard. Teach your staff to think about that connection when answering questions and to answer accordingly. Encourage them to simply answer the questions rather than provide opinions or anecdotes that could complicate the process. Be sure to review regulations and standards and note the areas that include guidance for surveyors.

Here is an example Medicare regulation and possible corresponding questions:

Regulation:

G596 §484.60(c)(3)(i) Any revision to the plan of care due to a change in patient health status must be communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the HHA plan of care.

Interpretive Guidelines §484.60(c)(3)(i) There must be evidence in the clinical record that the HHA explained to the patient that a change to the plan of care has occurred and how the change will impact the care delivered by the HHA. The clinical record must also document that the revised plan of care was shared with all relevant physicians providing care to the patient.

SAMPLE INSPECTION CHECKLIST

- Is the office neat and organized?
- Is the office in compliance with current required posted documentation, from the outside to the inside?
- Is patient information protected and in compliance with HIPAA regulations?
- Is the office safe? Are the fire safety requirements met? Have fire and disaster drills been completed?
- Are staff knowledgeable and functioning in appropriate roles and according to their job descriptions?
- Are supplies maintained in a safe location? Is there a log for daily refrigerator temperature checks to ensure safe housing of medications?

Corresponding questions:

A question asked by the surveyor to the staff might be: “What do you do if there is a change in the patient’s plan of care and to whom do you report these changes?”

A question asked to the patient might be: “Have you been informed when changes have occurred in your plan of care?”

If the surveyor will be interviewing staff or patients, note these questions, give them to staff, and practice with them. Many of the questions asked of patients or their representatives are found in the admission packet. Staff should continue to review this information with the patient beyond the admission visit and make sure the home folder information is available each visit. If an organization is totally electronic, ensure that patients and staff can readily access it during home visits to continue education.

Home Visits

Prepare staff and patients for these inevitable visits by surveyors by ensuring that:

- The admission folder is readily present.
- The employee exhibits infection control measures such as handwashing, standard precautions, and bag technique. (Note that this is a major focus for surveys.)
- Patients and/or caregivers understand their plan of care and know the answers to basic procedures such as how to contact the agency if there’s an issue.

Will the surveyor be interviewing your staff? Encourage employees to simply answer the questions rather than provide opinions or anecdotes that could complicate the process. And remember to practice, practice, practice.



Documentation

Have your organization's policy and procedure manual available. Personnel records are part of what will be reviewed, including those of the administrator, the clinical manager, and the personnel the surveyor will observe during the home visits. Among the patient records selected for review will be patients who are chosen for home visits.

Quality Assurance Performance Improvement (QAPI)

QAPI programs are a major focus of the survey process. Surveyors will be looking at:

- How the governing body assures compliance and oversight (major focus).
- Whether there are systems in place to ensure compliance.
- Whether there are any identified areas of deficiency in the organization's QAPI program, including how the organization responds to correct, prevent recurrence, and ensure ongoing compliance.

At minimum, an organization's QAPI program should address:

- [Infection control](#). Remember that infection control, the pandemic, how the organization responded, lessons learned, and programs implemented will be reviewed.
- Complaints by patients and employees.
- Incidents, including abuse reports.
- Satisfaction surveys.

A proactive QAPI program integrates the survey processes to not only deliver quality, but to continuously improve patient care. It creates strong systems to decrease risk to an organization.

Streamline training and reporting with Skills & Competency Manager

[The MedBridge Skills & Competency Manager](#) allows agencies to orient and effectively educate staff, as well as easily access training documentation to demonstrate compliance.

Task 4: Information Analysis

During Task 4, all gathered information will be analyzed by the surveyor and matched to the regulations to determine compliance. The following will be considered to determine whether a deficiency should be cited:

- The degree of severity of the deficiency (for example, whether it caused harm or potential harm, or was instead a minor documentation issue)
- The effect or potential effect on the patient(s)
- The frequency of occurrence
- The impact upon the delivery of services
- Trends of noncompliance

Task 5: Exit Conference

An Exit Interview is usually conducted as a courtesy at the end of each day for a multiple day survey. The surveyor typically asks questions and shares information that could not be found or deficient areas that are being tracked.

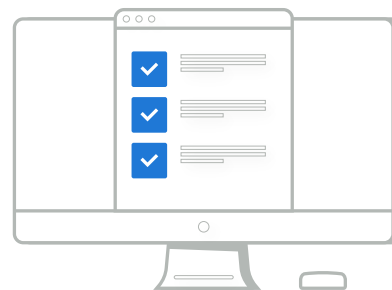
This is the time for the organization to ask questions, request clarification, and provide information. If there is good communication between the organization and the surveyor each day, the findings during the Final Exit Conference should not be a surprise.

The Final Exit Conference is performed at the end of the survey, explaining deficiencies and procedures that are not in compliance with specific regulations and standards. Staff are informed of the observations and findings noted during the survey that may not meet the regulatory requirements. Opportunity should be provided for the organization to ask questions to gain further clarification if needed.

Task 6: Statement of Deficiencies

This task is typically completed off site. The surveyor will write the deficiency report, which should be received within 10 business days. If deficiencies have been cited, the organization must respond within 10 calendar days with a Plan of Corrections (POC).

An effective POC corrects the deficiency and prevents the deficiency from reoccurring. Often this includes education with relevant courses or targeted skill training of staff and documentation review.



Many agencies address areas of deficiency through education, including courses and targeted training.

Conclusion: The Paradigm Shift

When preparing for a survey, it's important to move away from the mindset of just getting through the survey or audit in order to get back to business. Remember these best practices:

Know and Follow the Regulations, Laws, and Standards

Compliance is part of any healthcare business! Respect the rules rather than reinterpreting them. All staff should be involved in compliance and educated to know the rules for which they are accountable. Just because another HHA or colleague isn't complying, or processes were different at a previous workplace, doesn't make it right.

State, federal government, and accreditation bodies' regulations are there to protect patients and ensure optimal outcomes for care. Knowing the requirements and creating corresponding systems can help organizations avoid deficiencies and untoward results.

Align Daily Business with Survey Protocols

Regulatory compliance and the survey processes should be so interwoven into daily operations and patient care delivery that the organization is always ready to survive ANY survey!

Stay Up to Date with Survey Training

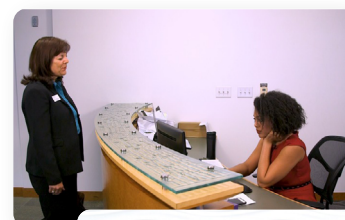
Keep your staff current with best practices and strategies for survey success using high-quality training resources such as this two-part survey survival course series developed by MedBridge and Nancy Allen, BSN, RNC, CMC.

[Survey Survival Part 1: How to Be Prepared for Any Survey](#)

This course provides knowledge of the skill sets needed to respond confidently to a surveyor visit. Surveyor secrets will be revealed, including what makes a surveyor smile, even if it is only on the inside.

[Survey Survival Part 2: The Survey Tasks](#)

In the second part of this course, continue learning practical guidance to expedite any survey or government inspection. The six tasks of a survey will be shared and practical tips will be revealed to help the home health agency avoid deficiencies and stay one step ahead of the surveyor. Most importantly, participants will learn how to integrate the survey processes into daily operations to improve patient care.



Learn How MedBridge Can Help Survey-Proof Your Agency

[MedBridge Skills & Competency Manager](#)

Meet regulatory requirements and reduce risk while improving quality of care and patient satisfaction with our online skills assessment checklist and engaging, evidence-based skills training. This effective solution includes:

Digital Skills Checklist, which allows you to customize training programs to focus on identified skill gaps.

Video-Based Skills Library to boost knowledge retention and master home care- and hospice-specific skills with bite-sized lessons.

Reporting & Analytics Dashboard for assigning checklists, simplifying preceptor assessment, and reviewing skill acquisition and sign-off data on our user-friendly interface.

[MedBridge Compliance Training](#)

Mitigate risk and maintain compliance with engaging content and an intuitive platform integrated with the MedBridge Learning Management System. Auto-assignment, tracking, reporting, and notification features help you stay on top of your organization's compliance needs, and our wide range of engaging, interactive, short-format courses boost participation and information retention.

[Quality and Performance Improvement](#)

From quality analysis to performance improvement, our dedicated Home Health Team can help you create and implement an effective QAPI program across your agency. Along with expert consultation, we offer effective, best-in-class staff and patient education, patient engagement tools, and reporting and analytics capabilities for home health agencies looking to remediate areas of low performance, drive quality care, and improve outcomes.

Additional Compliance Courses

Created in Partnership with Nancy Allen, BSN, RNC, CMC

These orientation tracks are designed for every state and for every accreditation body, both for new hires and for annual training.

ACHC and CHAP Orientation Courses

[Hospice ACHC Orientation](#)

[Hospice CHAP Orientation](#)

[Home Health ACHC Orientation](#)

[Home Health CHAP Orientation](#)

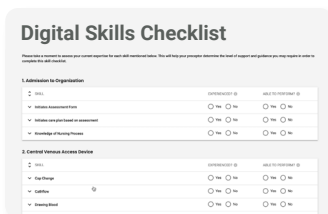
Annual Staff Compliance Education

[LTC/SNF](#)

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ABOUT THE AUTHOR

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Nancy E. Allen, BSN, RNC, CMC, is the owner and CEO of [Solutions for Care, Inc.](#), a consulting company specializing in community-based healthcare and care management. Her experience includes clinical, administrative, and provider roles as well as ten years as a state and accreditation surveyor. She has served as a Corporate Integrity Monitor for the Office of Inspector General and as a Medicare Hearing Officer for the Medicare Fair Hearing Department of CMS, where she conducted and adjudicated federal administrative hearings.

With a team from the University of Hawaii, Nancy serves in the Pacific Islands of the Republic of Palau and American Samoa as an educator and developing community-based healthcare.

Nancy is a contributing author to the *Handbook for Home Health Administration* and numerous articles in healthcare publications. Her book, *Survivor! Ten Practical Steps to Survey Survival*, has helped many achieve deficiency-free surveys.

